



ACADEMY OF MEDICINE SPECIALTIES OF NIGERIA

Statement and Public Advisory on the Cholera epidemic in Nigeria

About the Academy of Medicine Specialties

The Academy of Medicine Specialties of Nigeria - an Academy which is committed to enhancing the well-being of Nigerians and others through the promotion of Medical education, Research, Medical care and Public health. The Academy is a policy-research, non-profit organization.

Members of the Academy have a multi-disciplinary background within the medical field which include **clinicians, epidemiologists, virologists, public health experts, infectious disease specialist, pharmacologist, health economists and microbiologists** and are elected based on their outstanding professional achievements and commitment to service on matters of significance to health.

The **Rapid Response Committee** of the Academy has in its membership the following Professionals

- | | |
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| 1) Professor Obinna Onwujekwe FAMedS | - Chairman |
| 2) Professor Olugbenga Mokuolu FAMedS | - Member |
| 3) Professor Akinsanya Osibogun FAMedS | - Member |
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| 9) Professor Njideka Okubadejo FAMedS | - Member |
| 10) Professor Mayowa Owolabi FAMedS | - Member |
| 11) Professor Ibrahim Yakasai FAMedS | - Member |

The Academy in its response to the Cholera outbreak has put together a Public Statement and Advisory.

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Public Statement and Advisory on the Cholera epidemic in Nigeria

The Academy notes that the current cholera epidemic is a national emergency that has been reported since January 2024 to date with 1,528 suspected cases, 65 confirmed cases and 53 deaths. Cutting across 107 Local Government Areas and 31 states of the country as at June 24th 2024. The most highly prevalent states according to the NCDC are Bayelsa, Zamfara, Abia, Cross River, Bauchi, Delta, Katsina, Imo, Nasarawa, and Lagos States. It is anticipated that the epidemic will increase, if not curtailed because of the rainy season which could be accompanied by flooding; leading to contamination of drinking water sources in several communities across the country.

Cholera is a bacterial infection usually spread through contaminated water and/or food. It is generally caused by the ingestion of the organism *Vibrio cholerae* in contaminated water and food. Water is usually contaminated by the faeces or unwashed hands of contacts of infected individuals. Contamination of drinking water can occur at the source, during transportation, or during storage at home. Food may be contaminated by soiled hands, either during preparation or while eating.

Cholera is a disease of poverty affecting people with inadequate access to safe water and basic sanitation. The risk of a cholera epidemic is very high when people live in crowded conditions without adequate sanitation. Most people exposed to the cholera bacterium (*Vibrio cholerae*) don't become ill and don't know they've been infected or have mild diarrhoea. But because they shed cholera bacteria in their stool for seven to 14 days, they can still infect others through contaminated water, other drinks or food.

Cholera when serious, causes severe diarrhoea and dehydration that can be fatal within hours, if left untreated even in previously healthy people. However, cholera is easily treated if tackled early. Death from severe dehydration can be prevented with a simple and inexpensive oral rehydration solution. Most cases of cholera that cause symptoms cause mild or moderate diarrhoea that's often hard to tell apart from diarrhoea caused by other problems. When severe, intravenous fluids are extremely effective in stemming the tide of severe dehydration and hypotension resulting from severe diarrhoea.

The Academy notes that The National Cholera Technical Working Group, led by the Nigeria Centre for Disease Control and Prevention (NCDC) and comprising the Federal Ministries of Environment and Water Resources, the National Primary Health Care Development Agency (NPHCDA), the World Health Organization (WHO), United Nations Children's Fund (UNICEF), and other partners, has been providing support to the affected states. This support includes risk communication, active case search, laboratory diagnosis, case management, provision of response commodities, water sanitation and hygiene (WASH) interventions, and dissemination of cholera awareness jingles in both English and local languages according to the DG of the NCDC.

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The statement from the Academy- with the following highlights is geared towards quickly and effectively eliminating the Cholera epidemic in Nigeria:

- It is noted that Cholera is a recurring epidemic in Nigeria and should be effectively nipped in the bud, with the use of proven cholera prevention strategies.
- Social mobilization of citizens for improved awareness of the disease, its mode of transmission and required preventive actions should be emphasized.
- Provision of portable water, hygiene and good environmental sanitation are key for both immediate and long-term treatment and prevention. These interventions (in line with the SDGs to which Nigeria has committed) will help prevent not only cholera, but also other water-borne diseases such as shigellosis etc.
- Improved awareness of symptoms and need for early reporting and treatment of cases by health workers.
- Active disease surveillance and quick identification of cases is recommended in view of the preponderance of asymptomatic cases in a cholera outbreak. The use of RDT and confirmation with PCR in the laboratory should be employed as this will provide evidence on the strain involved and further characterization of the outbreak.
- Targeted vaccination in high-risk populations with the Oral Cholera Vaccine (OCV) is indispensable for management and control.
- Treatment with ORS, antibiotics and IV fluids is essential for immediate and long-term treatment.
- There should be effective and efficient coordination of manpower and resources for containing the epidemic
- The response to the epidemic will involve active participation and resourcing from federal, state, and local governments as well as health care agencies on necessary actions based on evidence to improve the response.
- The actions to prevent and control cholera at individual, community, public and private sectors levels should be proffered. These will include actions that will address the social determinants of health since it is recognised that many factors that cause and drive the cholera epidemic and solutions are outside the health system.
- Challenges related with properly coordinating multi-sectoral resources and organizations to manage the outbreak, (since it is a recurring incidence) be identified.
- The existing and statutory health agencies such as the National Center for Diseases Control (NCDC), the National Primary Healthcare Development Agency (NPHCDA), the Nigerian Institute for Medical Research (NIMR) etc should be empowered to lead in the fight to eliminate the epidemic instead of relying on ad-hoc committees.
- There should be a strong emphasis on the research and development components of the response so that there will be data and evidence-based solutions to work with and for reference in future.
- Implementation research should be continually undertaken within the response ecosystem to generate evidence for improved responses should be emphasized.

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- Hence, there should be increased funding for the response and the funds that have been set aside in the BHCPF for ambulance services (5% of BHCPF) and for public health emergencies (1.75%) should be immediately released for the response.
- Effective risk communication strategies, based on the epidemiology of Cholera should be activated in all LGAs with active involvement of the private sector, CSOs and communities.
- Immediate personal hygiene measures include limiting handshakes and promoting the use of handwashing stations.
- The Academy will be intermittently providing evidence-based advisories for effective prevention and control of cholera and eliminating it as a public health problem in Nigeria, while scientifically highlighting the state of the outbreak along with its health and economic implications.
- The Academy is available to partner with appropriate health agencies of government in seeing to a rapid control of this outbreak.

Signed June 28th 2024

Prof Oladapo A Ashiru, OFR, FAMedS

President Academy of Medicine Specialties of Nigeria

Secretary-General International Federation of Fertility Societies (IFFS)

President African Reproductive Care Society (ARCS)

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